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THIS PAGE IS FOR SIGNATURE ONLY....COMPLETED REPORT TO PRECEDE.

## FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR **ELECTIONEERING COMMUNICATIONS**

1.	Individual, Organization or Qualified Nonprofit Corporation Making the Disburs	ement/Obligations	
(a) Name Economic Freedom Fund			
	(b) Address (number and street) [ ] check if different than previously reported	2. FEC Identification Number	
	(c) City, State and ZiP Code	С	
	d) Name of Employer or Principal Place of Business (8) Occupation		
:	New		
3.	Is This Statement or 4. Covering Period  Amended	through	
5.	(a) Date of Public Distribution(s)		
6.	Is the Filor a Qualified Nonprofit Corporation under 11 CFR 114.10?	Yuz No	
7.	Were the disbursements for the electioneering communication made exclusively Yes No No From donations to a segrogated bank account?		
8.	Custodian of Records	,,,,,,	
	(a) Namo		
	(h) Address (number and street)		
	·		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Place of Business (e) Occupation		
:			
9.	Total Donations This Statement		
a.	0. Total Disbursoments/Obligations This Statement		
	Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, If the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulptions.  TYPE OR PRINTNAME OF PERSON COMPLETING FORM  CHARLES H. BELL JR.  SIGNATURE  DATE  9/8/06		
	NOTE: Subnitesion of Gilen, emoneous or incomplete information may subject the person signing this statement	u to the complies of 2 U.S.C. §437g.	

FEJANGJE,POF

FEC FORM 8 (REV. 92/2003)